

Per Rule §15-1-14.4.2 renewal applications must be RECEIVED in our office by June 15th in order to allow time to process by June 30<sup>th</sup>

**West Virginia Board of Pharmacy**  
**2310 Kanawha Blvd. East**  
**Charleston, WV 25311**  
**EMERGENCY MEDICAL SERVICE AGENCY**  
**APPLICATION FOR PERMIT OR RENEWAL TO HANDLE CONTROLLED SUBSTANCES**  
**July 1, 2017 to June 30, 2018**

All numbered lines must be completed or application will be returned.

Authority: Uniform CS Act 60A-3-301 & WV Legislative Rules 15-1-23 & 15-1-25

**Name, Street Address, & Mailing Address of Facility Needing Permit: (Please Type)**

**License #:** \_\_\_\_\_ **DEA #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **County:** \_\_\_\_\_

Name of owner of this facility applying for permit:

\_\_\_\_\_

1. Name of State medical practitioner license #, and DEA # of the Agency Medical Director:

\_\_\_\_\_

2. Name of person(s) with controlled substance power of attorney if different from applicant.

\_\_\_\_\_

\_\_\_\_\_

3. Will you have drugs supplied from a central agency location? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

4. Will an emergency box of drugs be kept for administration by healthcare professionals? Yes \_\_\_ No \_\_\_

5. **Circle applicable drug schedules: C-II C-III C-IV C-V**

6. Who is/are your regular distributor(s)?

\_\_\_\_\_

\_\_\_\_\_

7. **Circle applicable fee:**

Rescue or Emergency Squads (Attach check or money order to application) **\$25.00**

All Government Agencies or Employees are exempt from fees. **\$ 0.00**

8. \_\_\_\_\_

Signature of Applicant: Agency Official

Title

Date

9. \_\_\_\_\_

Signature of Agency Medical Director

Date